

PROVIDER MINIMUM QUALIFICATIONS FOR SUPPORT CATEGORIES

SERVICE TYPES

	Family Supports	Individualized Home Supports	Supports in a Day Program	Supports in a Residential Facility	<u>Consultant (Agency)</u>	<u>Specialized Services</u>
Qualified Supports	Personal Supports	Individualized Home Supports (IHS)	Group Day	Community Living Arrangement	Healthcare Coordination	Transportation (provided by a Transportation Company)
	Adult Companion		Individualized Supported Employment	Community Companion Home	Clinical Behavioral	Individual Support Broker
	Respite		Supported Employment	Continuous Residential Service	Interpreter	Personal Emergency Response System
	Individualized Day			Overnight Respite Facility	Nutrition	Adult Day Health
	Transportation					Medical Supplies
						Camp
Minimum Qualification for the Business Entity	<p>Connecticut corporations must demonstrate compliance with the Secretary of State requirements.</p> <p>Out of state corporations must demonstrate they are properly registered with the Secretary of State.</p> <p>Sole proprietors and partnerships may be required to submit records of their status as an employer.</p>					
Minimum experience for the Principal of the Entity or Connecticut Administrator (if an out of state corporation)	The Principal of the entity must have 1 year experience of supervising staff providing supports to individuals with intellectual disabilities or in a related field.		The Principal of the entity must have 1 year experience in an administrative capacity for an organization that provided day supports to individuals with intellectual disabilities.	The Principal of the entity must be knowledgeable of the nature, needs, development and management of programs for individuals with intellectual disabilities and must have at least one (1) year of experience in an administrative capacity for an organization that provides or provided residential supports to individuals residing in a CLA, CRS, or CTH or a similar setting).		
Demonstration of Managerial Experience	At least one (1) staff member of the Executive Management Team must have at least one (1) year of experience supervising staff providing supports to individuals with intellectual disabilities or in a related field.	At least one (1) staff member of the Executive Management Team must have at least one (1) year of experience supervising staff providing supports to individuals with intellectual disabilities or in a related field. **Additional requirements must be completed after the first two years of service.	At least one (1) staff member of the Executive Management Team must have at least 2 years experience providing individual day , group day and/or individual supported employment supports to individuals with intellectual disabilities. (One (1) year of experience may be substituted for one (1) year of experience providing supports to individuals in a related field.)	At least two (2) staff members of the Executive Management Team must have at least three (3) years experience providing residential supports to individuals with intellectual disabilities. (Two (2) years of experience may be substituted for two (2) years of experience providing supports to individuals in a related field.)		

****ADVANCED TRAINING FOR IHS:** In addition to the minimum requirements, agencies may be required to complete additional training

NOTES: Some requirements may be waived for agencies qualified for over 5 years.

I.G.PR.007 Attachment J: Provider Minimum Qualifications for Support Categories

11/27/2012

POLICY REQUIREMENTS BASED ON SUPPORT LEVELS

POLICY SECTION	POLICY/TOPIC	FAMILY SUPPORTS	INDIVIDUALIZED HOME SUPPORTS		DAY SUPPORTS	RESIDENTIAL SUPPORTS	CONSULTANT (AGENCY) CLIN. BEH. OR HEALTHCARE COORDINATION	SPECIALIZED SERVICES		
			INITIAL	AFTER 2 YRS. OF SERVICE				TRANSP.	ADULT DAY HEALTH	CAMPS
ADMINISTRATIVE/ OVERARCHING POLICY STATEMENTS	HIPAA	X	X	X	X	X	X	X		
	Anti-Discrimination	X	X	X	X	X	X	X		
	Drug Free Workplace	X	X	X	X	X	X	X		
	Smoking	X	X	X	X	X	X	X		
PERSONNEL PRACTICES	Criminal Background Check	X	X	X	X	X	X	X	X	X
	Sexual Offender Registry Check	X	X	X	X	X	X	X	X	X
	Motor Vehicle License Check	X	X	X	X	X	X	X	X	X
	DDS Abuse/Neglect Registry	X	X	X	X	X	X	X	X	X
AGENCY OPERATIONS	Supervision of Staff	X	X	X	X	X	X	X		
	Back Up Staffing	X	X	X	X	X	X	X		
	Transporting Individuals	X	X	X	X	X				
	Emergency Response for Individuals		X	X	X	X				
	Capacity to respond to emergency situations	X*	X*	X	X	X				
	Continuity of Operations Planning (COOP)	X*	X*	X	X	X				
	Quality Improvement Planning	X	X	X	X	X	X			
STAFF TRAINING	Knowledge of approved and prohibited physical management techniques	X	X	X	X	X	X			
	Training of direct service staff	X	X	X	X	X	X			
	Training of professional in clinical disciplines				X	X	X			
	Training of professional staff in procedures critical to their clinical role				X	X	X			
INDIVIDUAL PROTECTIONS	Prevention of Abuse/Neglect	X	X	X	X	X	X	X	X	
	Incident Reporting	X	X	X	X	X	X	X	X	
	Program Review/Committee			X		X				
	Human Rights/Committee			X	X	X			X	
	Medication Administration				X	X				
PROVISION OF SUPPORTS & SERVICES TO INDIVIDUALS	Person Centered Planning (Individual Plan)	X	X	X	X	X	X			
	Observing, Reporting & Responding to Changes that affect individual	X	X	X	X	X	X			
	Client Funds Management	X*	X*	X	X	X				
	Hot Water Temperature Safety				X	X				
	Safety Alert for Bathing and Personal Care	X	X	X	X	X				
	Water Safety	X	X	X	X	X				
	Behavior Support Planning			X	X	X				
	Behavior Modifying Medications			X	X	X				

* A modified policy can be submitted when providing Family Supports and Initial Individualized Home Supports